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A Case of Double Ovariectomy.

BY

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A CASE OF DOUBLE OVARIOTOMY.

I REPORT to-night the history of a case of multilocular cyst of both ovaries. On November 6th last I was called to see Miss M., white, æt. 22 years, who was suffering with violent pains in the lower abdominal region. She had been under the care of another physician for three weeks previously, and by him was dismissed from treatment as relieved or cured. Her early history and general appearance were very good, she having been sick but twice in her lifetime, namely, with measles at 10 and *la grippe* at 18 years of age, neither disease leaving any sequelæ. Menses appeared at 17; have since been normal in quantity, frequency, physical appearance, and sensation. Leucorrhea slight in quantity and not constant. All other functions normally performed.

Examination.—Is plump, well nourished, and with good color; the abdomen slightly irregular in outline, somewhat enlarged, tender on pressure, and occupied by a tumor or mass rising slightly above umbilicus and having a general direction obliquely from left to right side; hymen intact; vagina small and hyperæsthetic; uterus small, cavity measuring two inches, anteflexed, high up, and fixed against symphysis pubis. A large, lobulated mass, freely movable above and firmly fixed below, with obscure fluctuation, was marked out by bimanual exploration. Below and to the left of the uterus was a small oval body, which, with a tense band adjoining, was supposed to be the ovary and tube on that side. The diagnosis of multilocular cyst of right ovary with extensive deep adhesion was decided upon and immediate removal advised. The usual treatment for pain was instituted with good results, and on November 8th she was re-examined under ether with Dr. Tompkins, who approved the general diagnosis, but disagreed concerning the deep adhesion, he believing the tumor non-adherent with a long pedicle. After some unavoidable delay and alterations in plans she was sent to the Providence Hospital, and on November 18th the operation was



performed. The preparation of the intestinal canal and skin was carefully observed, together with the most minute details of asepsis and antisepsis of operator, assistants, instruments, dressings, etc., the care of the latter being left to the able management of Dr. R. D. Boss. Assisted by Drs. Tompkins and Gill, the usual incision was made, and the bladder, which was very high up, carefully avoided. The peritoneum being opened, the tumor was found to be slightly adherent below and to the left; the adhesions were freed, and the peculiar condition of long pedicle with three complete twists or turns was observed. Evacuating the contents, the pedicle was untwisted, and ligated in the usual manner. What had been supposed to be the lobulated portion of the original cyst proved to be a cyst of the left ovary, very deep down in the pelvis, and adherent to everything in that locality—uterus, bladder, rectum, sides of pelvis, and other tumor. The adhesions were with considerable difficulty broken up, the contents of the cyst evacuated, and the broad pedicle ligated in sections. Attention was now directed to the toilet of the peritoneum, when it was discovered that the ligatures on both sides had cut through the friable pedicles and partially slipped off, allowing very active hemorrhage. The uterus was grasped, lifted up into the incision, and pressure forceps applied to the bleeding surfaces. Second ligation was now in order and was very tedious, a portion of the uterus being included in the construction of the new pedicle, and many and varied ligatures required. Hemorrhage was discovered deep down in the pelvis at the site of a deep adhesion; this required several ligatures and the actual cautery. The cavity was now flushed and dried, and then closed with interrupted silk sutures passing directly through from skin to peritoneum and out on the opposite side. Shock was not very marked, reaction taking place promptly. Bowels acted upon in the first twenty-four hours. Convalescence uneventful. Catheter used but once. Sutures removed on ninth day. Union by first intention throughout, except through the skin at one point for about half an inch; this promptly healed. Patient sat up during second week, and returned home on December the 8th, twenty-one days after the operation. She has been in excellent condition ever since.

The temperature was practically normal throughout, except on the evening of the third day, when it reached 100.4°.

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